

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Gripping means for a signal line and signal line,  
the specification of which

(check one)

☐ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No.

and was amended on \_\_\_\_\_  
(if applicable)

☒ was filed as PCT international application

No. PCT/NL03/00496 on July 4, 2003

and was amended under PCT Article 19 on

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>1020997</u>	<u>NL</u>	<u>04/07/2002</u>
(Number)	(Country)	(Day/Month/Year Filed)
<u>          </u>	<u>          </u>	<u>          </u>
(Number)	(Country)	(Day/Month/Year Filed)
<u>          </u>	<u>          </u>	<u>          </u>
(Number)	(Country)	(Day/Month/Year Filed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status)	(patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

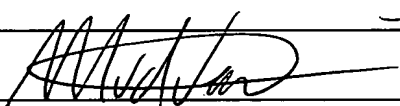
**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

William H. Logsdon	22,132	John W. McIlvaine	34,219	Dean E. Geibel	42,570
Russell D. Orkin	25,363	Blynn L. Shideler	35,034	Thomas Clinton	40,561
David C. Hanson	23,024	Julie W. Meder	36,216	Nathan J. Prepelka	43,016
Frederick B. Ziesenheim	19,438	Lester N. Fortney	38,141	Jessica M. Schroth	47,102
Richard L. Byrne	28,498	Randall A. Notzen	36,882	Kirk M. Miles	37,891
Kent E. Baldauf	25,826	James G. Porcelli	33,757	J. Matthew Pritchard	46,228
Barbara E. Johnson	31,198	Kent E. Baldauf, Jr.	36,082	Darrell E. Williams	45,222
Paul M. Reznick	33,059	Christian E. Schuster	43,908	Alka A. Patel	49,092
Customer Number	28289			Gary F. Matz	45,504

Send Correspondence to:

**John W. McIlvaine, 700 Koppers Building, 436 Seventh Avenue, Pittsburgh PA 15219-1818**

Direct Telephone calls to: *(name and telephone number)* (412) 471-8815

Full name of sole or first inventor	Mathijs Theodorus Wilhelmus VAN DE VEN	
Inventor's signature		Date 10-01-2005
Residence	NL	
Citizenship	NL	
Post Office Address	Den Tip 6, 5725 CJ Asten-Heusden NL	
Full name of second joint inventor, if any		
Second inventor's signature	Date	
Residence		
Citizenship		
Post Office Address		

(Supply similar information and signature for third and subsequent joint inventors.)

Full name of third joint inventor, if any	
Third inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of fourth joint inventor, if any	
Fourth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of fifth joint inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of sixth joint inventor, if any	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	